

Managing Now for a **BETTER TOMORROW**

Addressing Equity During COVID-19

A Conversation on Supporting Parents, Infants, Young Children, and the Workforce that Serve Them

October 27, 2020

Resources:

- [Link to webinar recording](#)
- [Register for a Conversation on Mobile Response and Stabilization](#)
- [COVID-19 Resources for Children's Services](#)
- [Resources for Families During the COVID-19 Outbreak](#)
- [Home Instruction for Parents of Preschool Youngsters](#)
- [Maryland Family Network](#)
- [Caring During COVID: The Impact of the Pandemic on Maryland Child Care Providers](#)
- [COVID-19 Transmission in US Child Care Programs](#)
- [The Social Determinants of Health | A Public Health Framework](#)
- [National Center for Pyramid Model Innovations resource for parents on handling challenging behavior](#)
- [The Impact of Racism on Child and Adolescent Health](#)
- [2020 Prenatal-to-3 State Policy Roadmap](#)
- [How the Pandemic is Affecting What Babies and Toddlers Learn](#)
- [Policy Roadmap for Transforming Post-Pandemic Child Care](#)

Chat organized by themes:

Adaptations of Childcare

Regarding child transmission, it will be interesting to see what the data shows after August 20th as many children returned to classrooms starting mid to end of August and early September, providing more opportunity for potential exposure.

I agree. This study was limited to early childcare settings:

<https://pediatrics.aappublications.org/content/pediatrics/early/2020/10/16/peds.2020-031971.full.pdf>

I have not seen a similar study of elementary or secondary education school settings, probably for the reason you mentioned that so many have been closed.

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Time Magazine has an article "The Great Childcare Collapse" that discusses the dire situation with childcare currently in the Nov. 2nd edition

Alabama DMH has just hired 8 new Infant/Early Childhood Mental Health Consultants to work across the state. The work they do is amazing in supporting infant/early childhood care providers. We have one of their consultants on our PMHCA team for consultation with our pediatric partners. Glad to see some progress in this arena in our state.

and equal access to that quality childcare

In NYC, preK programs aren't permitted to teach. It is daycare, and children need real instruction and learning opportunities

For youngest children, playing is learning and it is unconscionable that there is no real alignment with SEL, developmental needs and milestones, early literacy, etc... how can we then expect anything other than gaps when children enter the formal classroom?

I think keeping the ratios low needs to be part of reshaping the future of childcare. When children can build relationships with their caregivers it is healthier for them and impacts their social and emotional development. Calculating the cost into future childcare is important.

and the accreditation process needs examination

I also think we need to gather data on how children are responding to the adaptations we are making. If they are doing better with higher staff to child ratios then maybe that is what we should invest in!

Read about the study here: <https://news.yale.edu/2020/10/16/child-care-not-associated-spread-covid-19-yale-study-finds>

Good read about learning: <https://www.nytimes.com/2020/10/14/education/learning/babies-toddlers-pandemic.html>

Yes- learning is everywhere :) Love that embedding into natural routines

Here is one of the national advocates' road maps about how to re-envision/rebuild child care: <https://earlysuccess.org/ChildCareRoadmap>

I am an ECMHC and the lower ratios across the centers have decreased unwanted behavior. Teacher stress is up because they are alone and have all the responsibility, but the children are doing better.

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Maryland Family Network: <https://www.marylandfamilynetwork.org/news/caring-during-covid-impact-pandemic-maryland-child-care-providers>

I appreciate the optimism and enthusiasm expressed today and such a thoughtful conversation about our current childcare situation. Unfortunately, we will be dealing with the repercussions of COVID for a long time.

Addressing Racial Inequities

Great resource on the impact of racism on children and adolescents from the American Academy of Pediatrics: <https://pediatrics.aappublications.org/content/144/2/e20191765>

Important information very interesting...

Thank you so much for sharing this with us!!!!!!

Same as Native Americans/Indigenous people

Thank you--so important, and your statistics are staggering.

Absolutely

You are right on that!

I agree with her comment which is supported by the research. The inequity is far prior to COVID and parents and educators have been concerned. We need to make sure we elect politicians who care about this long-standing issue too.

Challenges & Effective Strategies of Virtual Learning

PCIT has been VERY effective in a virtual format

We struggle in our more rural area to access families via virtual contact due, in part, to poor internet connectivity.

This is a real concern, how to increase broadband access in rural communities

This crisis has highlighted the internet divide and hopefully, this can lead to an increase in building the infrastructure, so EVERY home has access to what has become an essential UTILITY

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This is amazing info. Ty

Some communities have been incredibly creative including putting hotspots on buses and creating local access

Yes, we have had some success with providing hotspots, some of which the families have to drive to as they have been centralized.

Also some internet providers are offering low cost plans to low income families

A lot of the school districts here in SC utilized buses to provide hotspots and the internet providers have been working to provide low cost plans as well as free services to low

My 6 year old grandchild is still waiting for her chrome pad and my 8 year old grandchild just received hers 2 weeks ago

One issue I have seen with very young children who are enrolled in programs such as Head Start is that children as young as three years-old being required to sit at the computer attentively for hours at a time. This has proved to be near impossible

And then there are our students with moderate to severe disabilities who the virtual format does not always work for. For those with behavior challenges and social emotional challenges, it can be particularly challenging.

That would seem at odds with what we know children can and cannot do developmentally

That information was vital especially for parents who are facing so many challenges with remote learning.

Excellent points. These are some of the issues I have seen for my young granddaughter who I sometimes support in accessing her distance learning.

What about children's parents who answer assessment questions and they test higher than what they are actually capable of?

*since they're virtually with them for the assessment...when usually they'd be with the assessor and parents can't answer for children

Good question about how the virtual testing may be impacted by parental support and coaching. There are protocols being developed to address this and try to ensure the assessment remains accurate.

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In Montgomery County, we were able to evaluate all the children who were backlogged. Interestingly new referrals came in rather slowly but are now increasing again. Also, we refer to our Early Intervention services via internet as tele-intervention (not telehealth) and we try to use HIPAA compliant platforms whenever possible.

Financial Impact of COVID-19

Hi! I'm an LMFT from Los Angeles, CA. I'm wondering about the financial impact that will inevitably occur when caregivers don't have access to childcare on a regular basis without having governmental support.. Is there any data on this topic? Anecdotally, we have seen a lot of caregivers quit their jobs because they don't have money to pay for childcare during hours their kids would be in school so they have to stay home with their children and support their distant learning.

Hi, I think we can predict that the financial impact will be staggering. For example, women are the ones who have left the labor force in drives since March.

Have you seen this: <https://www.nytimes.com/2020/10/14/parenting/working-moms-job-loss-coronavirus.html>

Thank you!

My pleasure!

Here is a way of looking at child care via the lens of economic impact:

https://www.marylandfamilynetwork.org/sites/default/files/2020-06/MarylandFamilyNetwork_Countingourlosses_FullReport_Hyperlinked_Singles%20%281%29.pdf

Does coaching parents on a virtual platform institute 'telehealth'?

Are you asking about parent coaching being considered telehealth for reimbursement purposes? I would think it would classify as telehealth

For our county in Maryland - developmental specialist have to be the case manager to be reimbursed. If you are providing services for OT, PT, or SLP they can continue to provide teleservices and bill for Medicaid.

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ICEA Part C to Part B (0-36 mos services transition to 3) have been particularly challenging during COVID in our area, although being handled by continuing to provide Part C to children who have been served under part C.

Sorry, IDEA Part C/B

In Maryland we have been able to bill Medicaid for our telehealth services (PT, OT, SLP) if the child is present during the video session as if we are in person. They just had to come up with the new codes in our system to indicate "virtual".

In Mississippi, we are able to bill telehealth as well which helps out a lot.

Thank you for providing leadership in this area. Great discussion, great ideas. In MO, we are able to also bill telehealth for community support visits, therapy, psychiatry. Our Department of Behavioral Health was leading the charge to enable us to continue our work during COVID. Thanks for nurturing the providers today.

Making System-Level Changes

Where do we begin to change the systems that allow for disparities in many communities? In practical terms.

This IS a political issue that requires us, as constituents, to let go of the fears that silence our voices to confront our reps and leaders. Unionize??

We feel that alone, our voices don't matter, but no one is giving concrete information and resources to build collective voices centering on common concerns.

Well said! Childcare is not just about the children but about our society as a whole.

UT Austin: Policy Roadmaps: <https://childandfamilyresearch.utexas.edu/news/2020-prenatal-3-state-policy-roadmap>

Qualitative and longitudinal data....begin collecting now. Numbers work when used in context extracted

Thank you to you all. I have not been as excited in a webinar than today. You guys really personify advocacy and solution-focused engagement. Healing-centered care is critical now. Will follow you all.

That means a lot, thank you for your active participation!

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Yes, unity indeed for the care of our children! Thank you all for coming together to talk about the crisis issues today - great discussion and resources.

Thanks to all of the panelists. The information was valuable and motivating. I am a new provider in a very challenging time. You each provided me with a wealth of knowledge and a great deal to think about and put in the proper perspective! Families and Children First!!!

Resources/Supports for Parents and Families

Home Instruction for Parents of Preschool Youngsters: <https://www.hippyusa.org/>

Getting parents to use these tools is important. How do you make them feel comfortable in asking for help?

Yes, we have Family Resource Centers in Akron.

Some of our schools are providing a Community of Practice weekly or monthly zoom for parents of children with IEPs, providing the opportunity to share, ask questions, get guidance and resources. This would be a good resource for other parents who can access the internet.

Finding respite for these parents has been difficult as well.

We have been able to tap into some grants, one currently for SEL learning, 0-5, and one resource we are providing are "Parent Academies" on a variety of relevant topics.

NAFSCE [National Association for Family, School and Community Engagement] is another org

We have the Department of Early Care and Learning in GA for B-5.

Virtual connections between adults and practitioners is powerful and should grow in empowering everyone jointly. It is a grassroots matter, beginning from the micro outward.

I absolutely agree. Adults must prompt them, add, and encourage discussion and explanation to ensure it is interactive and appropriate to their developmental levels

It seems a lot of the work for infants are with parents at this time and telehealth makes it difficult. How are others engaging infants/parents?

Parents being enlightened and made aware that no matter their economic circumstances, they can help their child learn at home. Tips and strategies by text msgs, calls, letters, Zoom, and more give them confidence with tools to manage and prevent problems before the classroom.

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Parent resource: <https://childmind.org/coping-during-covid-19-resources-for-parents/>

EXCELLENT resources on challenging behaviors: <https://challengingbehavior.cbcs.usf.edu/>

A particular concern is for the 0-3 population who might have special needs that are not being assessed and therefore, not receiving services. The families are in particular need of support but unable to receive it if not already connected with services. Child Find is limited right now.

Supporting Children with IEPs

How do we provide supports to the family with school aged/toddler children, that are quarantining together due to an immune compromised family member? How do these children receive social development appropriate for their age, when they are lacking peer-to-peer interaction? What resources are there for families to best support a child on an IEP?

If children who are on a waiting list to attend in-person learning, have an IEP, can the parent request that in-person learning be written into the IEP? if so, and the school refuses to write it into the IEP, can the parent appeal the schools decision?

Currently is put to a risk even ways to support parents in regards non lawyers advocates to assist parents during IEP meetings, whether no lawyer advocate should be permitted to represent and speak on behalf of parents

I would recommend reaching out to our colleagues at the National Center for School Mental Health

Will do. Thanks

Here's their website <http://www.schoolmentalhealth.org/>

Some districts will be required to provide compensatory education. The feds are also not allowing schools to extend timelines for requests for assessments, last I heard

I consulted with lawyers in my state about IEPs and since the federal law is not changed schools are supposed to follow the laws to the best of their abilities

That is correct, there have not been exemptions allowed to the existing laws and timelines for COVID

In Prince George's County our Child Find process (3-5) for IEP development is all caught up and have been doing IEPs virtually over the summer. On my side Infants and Toddlers (0-3) we have

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been doing virtual assessments since May and are slowly getting our backlog down. However, we have seen an influx of cases during the pandemic.

In Anne Arundel County Maryland, we saw a huge influx of inquiries into the Birth to 5 program for evaluations. We have access to assessments that are able to be completed through observation and parent report.